P01000098161

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
, (Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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ORFEBILL PH 3: 05

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Certory Simular Particles (Name of Corporation) DOCUMENT NUMBER: P01000098161
DOCUMENT NUMBER: P0100009816/
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TDA C OVIES (Name of Person)
(Name of Firm/Company)
2307 DOUGLAS RD #400 (Address)
MIAM FLA 33/45 (City/State and Zip Code)
For further information concerning this matter, please call:
TDA C OVIES at (305) 447 8801 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509,		
Florida Statutes, the undersigned, SONTA BONTIEZ			
(Name of Registered Agent)	10.	K 1	0
hereby resigns as Registered Agent for Century & Waveing	(AU)	re	<u>,</u> 5
(Name of Corporation)			
P0100			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last kn	own ado	dress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	e on wh	ich	
(Signature of Resigning Agent)	-	•	·
If signing on behalf of an entity:	<u> </u>	0	
	- L 	03 F	COMPANIES.
(Typed or Printed Name)	- (1 1)	8	11
(Types of Times Tumboy		#	-
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(Capacity)	ZZ A	9	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314